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DATAGRAM

Women Physicians on U.S. Medical School Faculties

A previous datagram (1) reported the finding that the participation of women physicians on 1975 medical school faculties was generally greater than the participation of male physicians relative to the numbers of each sex in graduating classes since 1951. The study has now been repeated for the 1980 faculty, again basing the faculty statistics on the Faculty Roster System of the Association of American Medical Colleges.*

The numbers of participants are shown in Table 1, and the academic fraction of each class is shown in Figure 1 for full-time faculty excluding instructors.

It is apparent that the trend toward relatively higher participation for women has continued. For the class graduating in 1969, for example, 12.7 percent of the women but only 9.8 percent of the men are now serving in faculty positions as assistant, associate, or full professors. In 1975, less than 2 percent of the class of 1969 (2.3 percent of the women and 1.7 percent of the men) had received faculty appointments at those ranks, though a greater number had been appointed as instructors.

In the aggregate, participation of women physicians on medical school faculties has grad-

ually increased, reaching 10.1 percent in 1977-78 (2).

Women now make up around 29 percent of entering medical school classes, but it should not be forgotten that in population matters the time required to reach a new steady state is measured in generations. If the fraction of women among medical school graduates should reach 30 percent and level off there and if there is no change in the fraction joining faculties, the number of women on the faculty would continue to rise until the women from these classes begin to retire some 40 years later.

The fact that women physicians are represented relatively more heavily than men on medical school faculties raises a number of questions: Do these women have full-time appointments? Do they have regular academic appointments as assistant professors, associate professors, or professors? Are they equally well represented in the upper ranks?

The first two questions were answered in the affirmative in the 1975 report and continue to be positive, but the third question is not formulated with sufficient precision. At least some of the criteria for promotion are related to length of experience and thus to age. The rapid changes in distribution by sex of graduating classes in recent years have skewed the age-sex distribution of physicians: there are more

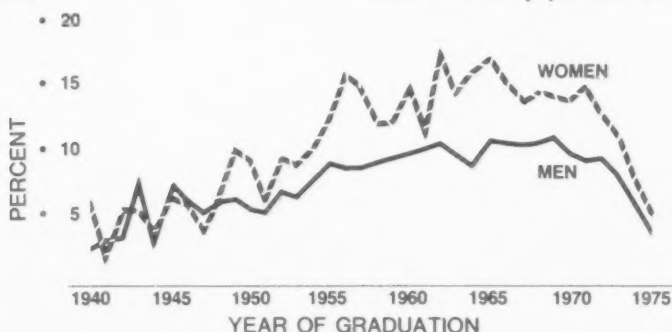


FIGURE 1

Proportions of men and women U.S. medical graduates (classes of 1940-1975) serving full time in all ranks on U.S. medical school faculties in 1980.

TABLE 1
Total U.S. Graduates, 1940-75, and Numbers of These Graduates on U.S.
Medical School Faculties in 1980

Year	Total U.S. M.D. Graduates*		Graduates of Respective Classes on U.S. Medical School Faculties					
	Men	Women	Full- and Part- time, All Ranks		Full-time Only, All Ranks		Full-time Profes- sors, Associate and Assistant Profes- sors	
			Men	Women	Men	Women	Men	Women
1940	4,844	253	183	16	136	15	132	13
1941	4,995	280	205	9	168	6	160	4
1942	4,884	279	228	17	180	15	172	14
1943	4,982	241	485	20	397	13	389	13
1944	9,812	491	360	22	306	20	288	19
1945	4,874	262	446	22	372	17	351	17
1946	5,584	242	427	18	357	15	337	15
1947	6,047	342	413	19	344	13	325	13
1948	5,151	392	398	32	341	25	327	23
1949	4,482	612	362	74	297	61	280	57
1950	4,958	595	348	66	296	55	281	52
1951	5,667	468	382	37	317	30	299	26
1952	5,729	351	504	38	418	34	402	32
1953	6,305	363	521	34	437	32	416	30
1954	6,501	360	625	49	526	37	503	35
1955	6,632	345	704	52	591	43	571	40
1956	6,505	340	659	63	575	53	563	50
1957	6,466	330	689	58	573	49	557	46
1958	6,506	355	691	52	594	43	575	40
1959	6,490	370	752	60	630	46	611	44
1960	6,676	405	793	73	663	60	641	57
1961	6,640	354	799	46	673	41	634	40
1962	6,777	391	854	80	724	69	691	65
1963	6,860	405	814	69	683	58	658	49
1964	6,887	449	785	87	630	72	600	68
1965	6,906	503	859	98	747	86	719	81
1966	7,050	524	847	94	744	80	693	74
1967	7,160	583	876	103	750	80	705	70
1968	7,332	641	882	111	772	92	713	83
1969	7,452	607	953	101	818	86	733	77
1970	7,667	700	857	116	765	98	658	89
1971	8,147	827	850	152	763	132	633	102
1972	8,691	860	958	134	825	118	663	93
1973	9,467	924	871	126	780	109	570	84
1974	10,349	1,264	704	121	626	101	409	66
1975	11,008	1,706	508	104	440	90	219	51

* Graduation statistics are taken from *Medical Education in the United States, 1978-1979, J.A.M.A., 243:852-853, 1980.*

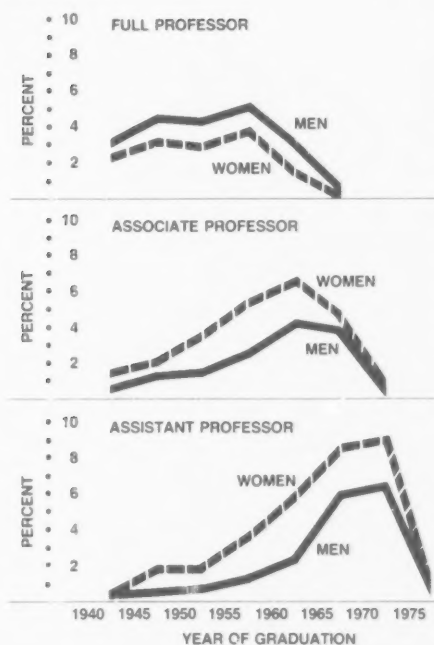


FIGURE 2

Proportions of men and women U.S. medical graduates (classes of 1940-1975) serving full time on U.S. medical school faculties in 1980, by rank and plotted by midpoints of 5-year intervals.

women in the younger age groups. It is not surprising, therefore, that there are relatively more women assistant professors (16 percent of all assistant professors) than full professors (4 percent of all professors) (2).

To take account of length of experience, analysis by graduation year and sex was ap-

plied to full professors, associate professors, and assistant professors separately. Because of the small numbers involved, data are aggregated in five-year intervals. The results of the analysis appear in Figure 2.

It is interesting that the modal graduation periods for both men and women on the 1980 faculty are the same: 6 to 10 years ago for assistant professors, 16 to 20 years ago for associate professors, and 21 to 25 years ago for professors. (These are greater than the typical periods required for promotion, because a person can remain in the associate professor or professor rank for many years.)

Relative to the available numbers of medical graduates, women are more strongly represented than men at the assistant and associate levels, but men are more strongly represented at the full professor level.

The differing participation levels of men and women at the various ranks and on faculties in general do not necessarily imply that there is discrimination in hiring (in favor of women) or in promotion (in favor of men) but may in part reflect differences in priorities and preferences on the part of the individuals themselves.

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